



JG
Patent
15/4/99

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: M.Belley, et al.

Serial No.: 09/097,537

Case 19548YDA

Art Unit:
1612

Filed: June 15, 1998

Examiner:
Davis, Z.

For: (METHANESULFONYL)PHENYL-2(5H)-
FURANONES AS COX-2 INHIBITORS

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT

Sir:

This Amendment is in response to the Office Action dated March 19, 1999 setting forth a shortened statutory period for response ending June 19, 1999. Please amend the above identified patent application as set forth below.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

MERCK & CO., INC.
By *Ronald P. Biggs* Date *4/19/99*

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents
Washington, D.C. 20231



In re application of: M. BELLEY, ET AL.

Serial No. 09/097,537

Filed June 15, 1998

Group Art Unit 1612

Examiner DAVIS, Z.

For: (METHANESULFONYL)PHENYL-2(5H)-FURANONES AS
COX-2 INHIBITORS

RECEIVED

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.

APR 24 1999
MAILING CENTER
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CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional fee
Total Claims	* <u>12</u>	-	** <u>20</u> =	0 X	\$18	= <u>0.00</u>
Independent Claims	* <u>2</u>	-	*** <u>3</u> =	0 X	\$78	= <u>0.00</u>
Multiple Dependent Claims		-		0 X	\$260****	= <u>0.00</u>
<u>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</u>						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. Duplicate copies of this sheet are enclosed.

Respectfully,

By: Richard C. Billups
Attorney _____ for Applicant(s)

Reg. No. 31,916

MERCK & CO., INC.
Patent Dept.
P.O. Box 2000
Rahway, N.J. 07065-0907

(732)594- 4683

Date: April 19, 1999

IN TRIPPLICATE